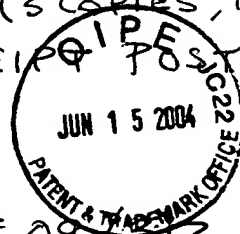


# EXHIBIT A



## RETURN RECEIPT POSTCARD

1. TRANSMITTAL FORM
2. APPELLANT'S REQUEST FOR REHEARING (3 COPIES, 12 PAGES EA)
3. THIS RETURN RECEIPT POSTCARD



APPLICATION # 09/512,992

APPEAL # 2004-0533

"LARGE DIAMETER SPIRALLY FORMED PIPE"

INVENTOR - SCOTT E. JOHNSTON

RECEIVED  
SEP 14 2004  
TECHNOLOGY CENTER R3700

RECEIVED  
SEP 8 2004  
OFFICE OF PETITIONS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<p>A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
1. Article Addressed to:  COMMISSIONER OF PATENTS P.O. BOX 1450 ALEXANDRIA, VA 22304-1450  ATTN: BOARD OF APPEALS	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No</p>
	<p>3. Service Type. <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

Article Number: 17003 0500 0000 4743 3862

PS Form 3811, August 2001

2ACPRI-03-P-4081